LODI GOOD SAMARITAN CENTER

700 CLARK STREET

LODI 53555 Phone: (608) 592-3241 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 93 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 93 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	용		% 		30.5 47.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.4	More Than 4 Years	22.0
Day Services	No	Mental Illness (Org./Psy)	47.6	65 - 74	3.7		
Respite Care	Yes	Mental Illness (Other)	1.2	75 - 84	31.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.2	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.4	95 & Over	11.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.2			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	1.2		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	8.5	65 & Over	97.6		
Transportation	No	Cerebrovascular	18.3			RNs	16.0
Referral Service	No	Diabetes	6.1	Sex	용	LPNs	7.5
Other Services	Yes	Respiratory	3.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.8	Male	20.7	Aides, & Orderlies	44.8
Mentally Ill	No			Female	79.3	1	
Provide Day Programming for			100.0			1	
Developmentally Disabled	No			I	100.0	I	

Method of Reimbursement

		Medicare			edicaid			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	306	50	98.0	110	0	0.0	0	22	84.6	167	0	0.0	0	0	0.0	0	77	93.9
Intermediate				1	2.0	92	0	0.0	0	4	15.4	156	0	0.0	0	0	0.0	0	5	6.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		51	100.0		0	0.0		26	100.0		0	0.0		0	0.0		82	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:	1	Activities of	양	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.9	Bathing	4.9		52.4	42.7	82
Other Nursing Homes	2.0	Dressing	12.2		62.2	25.6	82
Acute Care Hospitals	79.4	Transferring	26.8		48.8	24.4	82
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.9		43.9	40.2	82
Rehabilitation Hospitals	0.0	Eating	68.3		18.3	13.4	82
Other Locations	7.8	******	*****	*****	*****	********	*****
Total Number of Admissions	102	Continence		용	Special Treatm	nents	90
Percent Discharges To:	1	Indwelling Or Exter:	nal Catheter	4.9	Receiving Re	espiratory Care	6.1
Private Home/No Home Health	15.5	Occ/Freq. Incontine	nt of Bladder	67.1	Receiving Tr	racheostomy Care	0.0
Private Home/With Home Health	40.8	Occ/Freq. Incontine	nt of Bowel	31.7	Receiving Su	ctioning	0.0
Other Nursing Homes	2.9				Receiving Os	stomy Care	0.0
Acute Care Hospitals	2.9	Mobility			Receiving Tu	ibe Feeding	2.4
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Me	chanically Altered Diets	15.9
Rehabilitation Hospitals	0.0						
Other Locations	3.9	Skin Care			Other Resident	Characteristics	
Deaths	34.0	With Pressure Sores		7.3	Have Advance	e Directives	79.3
Total Number of Discharges		With Rashes		9.8	Medications		
(Including Deaths)	103				Receiving Ps	sychoactive Drugs	61.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:			
	This	This Nonpa		50	-99	Ski	lled	Al		
	Facility	Facility Peer		Peer	Group	Peer	Group	Faci	lities	
	9	90	Ratio	90	Ratio	90	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Be	eds 89.8	92.2	0.97	88.5	1.01	86.7	1.04	85.1	1.06	
Current Residents from In-County	53.7	76.0	0.71	72.5	0.74	69.3	0.77	76.6	0.70	
Admissions from In-County, Still Residing	14.7	25.2	0.58	19.5	0.75	22.5	0.66	20.3	0.72	
Admissions/Average Daily Census	121.4	95.0	1.28	125.4	0.97	102.9	1.18	133.4	0.91	
Discharges/Average Daily Census	122.6	97.5	1.26	127.2	0.96	105.2	1.17	135.3	0.91	
Discharges To Private Residence/Average Daily Ce	ensus 69.0	38.4	1.80	50.7	1.36	40.9	1.69	56.6	1.22	
Residents Receiving Skilled Care	93.9	94.3	1.00	92.9	1.01	91.6	1.02	86.3	1.09	
Residents Aged 65 and Older	97.6	97.3	1.00	94.8	1.03	93.6	1.04	87.7	1.11	
Title 19 (Medicaid) Funded Residents	62.2	63.8	0.98	66.8	0.93	69.0	0.90	67.5	0.92	
Private Pay Funded Residents	31.7	28.5	1.11	22.7	1.40	21.2	1.49	21.0	1.51	
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00	
Mentally Ill Residents	48.8	37.9	1.29	36.5	1.34	37.8	1.29	33.3	1.46	
General Medical Service Residents	9.8	23.0	0.42	21.6	0.45	22.3	0.44	20.5	0.48	
Impaired ADL (Mean)	52.2	49.9	1.05	48.0	1.09	47.5	1.10	49.3	1.06	
Psychological Problems	61.0	52.6	1.16	59.4	1.03	56.9	1.07	54.0	1.13	
Nursing Care Required (Mean)	5.2	6.3	0.82	6.3	0.83	6.8	0.76	7.2	0.72	